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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 04/17/2012 | |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219 | | | |
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| F0000 | <p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00104288.</p> <p>Complaint IN00104288-Substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey dates: April 9, 10, 11, 12, 13, 16, 17, 2012.</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Survey Team: Courtney Mujic, RN- TC Karina Gates Beth Walsh, RN</p> <p>Census Bed Type: SNF: 10</p> <p>SNF/NF: 139 Total: 149</p> <p>Census Payor Type: Medicare: 48 Medicaid: 75 Private: 4 Other: 22 Total: 149</p> | | | F0000 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests desk review (paper compliance) on or after 5/8/11.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2012
FORM APPROVED
OMB NO. 0938-0391

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| | <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 20, 2012, by Bev Faulkner, R.N.</p> | | | | | | |

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| F0156 SS=A | <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p> | | | | | | |

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| | <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p> | | | | | | |

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| | <p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to ensure a Medicare beneficiary resident was notified of the potential liability amount for his non-covered stay in the facility. This affected 1 of 7 Medicare beneficiaries discharged in the past 6 months who were reviewed for appropriate liability and appeal notices. (Resident #226)</p> <p>Findings include:</p> <p>The Notice of Medicare Non-Coverage for Resident #226 was reviewed on 4/16/12 at 3:43 p.m. The notice indicated, "the effective date coverage of your current () [sic] care services ended: 3/26/12." The notice did not indicate the specific private pay rate.</p> | F0156 | <p>F1561. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? 1 resident was found to have been affected by this alleged deficient practice. This resident had been discharged from the facility prior to the survey.2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All Medicare beneficiary residents have the potential to be affected by the alleged deficient practice. No corrective was taken due to the resident having been discharged prior to this finding. When a resident is given notice of non- coverage, they will be given information on the private pay room rate, and will sign or initial receipt of such. 3. What</p> | 05/08/2012 | | | |

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| | <p>During an interview with the Office Manager on 4/13/12 at 11:50 a.m., he indicated that residents and POAs (Power of Attorney) are told to refer to their admission packet when liability notices are delivered.</p> <p>During an interview with the Office Manager on 4/16/12 at 3:45 p.m., he indicated Resident #226 was given the specific liability amount during the admission process and the resident and family needed to refer to his admission packet if he wanted the specific amount.</p> <p>3.1-4(f)(3)</p> | | | <p>measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? When a resident is given notice of non- coverage, they will be given information on the private pay room rate, and will sign or initial receipt of such. Business office manager, Assistant Business office manager, and social services director have all been inserviced on the facilities responsibility to ensure Medicare beneficiary residents are notified of the potential liability amount for a non- covered stay while in the building. See attached documents. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Social services will audit for 6 months all notices of non- coverage that are given to appropriate residents for signatures. Social services director will monitor. Results will be taken to CQI committee for recommendations.5. Systemic changes will be in place by 5/8/12</p> | | | |

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| F0312 SS=E | <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to have a system in place for ensuring oral care was provided to residents daily. This affected 1 of 3 residents reviewed in the sample of 5 who met the criteria for activities of daily living, cleanliness and grooming and had the potential to affect 120 of 147 residents in the facility who required assistance with oral care. (Resident #200)</p> <p>Findings include:</p> <p>The clinical record for Resident #200 was reviewed on 4/12/12 at 10:00 a.m.</p> <p>The diagnoses for Resident #200 included, but were not limited to: congestive heart failure, kidney disease, gout, anemia, hypertension, atrial fibrillation, lymphedema, and hyperlipidemia.</p> <p>The 8/25/11 self care deficit care plan indicated Resident #200 required staff assist with activities of daily living due to weakness and pain. An</p> | | F0312 | <p>F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>It is the practice of this provider to ensure that all alleged violations involving adl care provided for dependent residents are provided in accordance with State and Federal law through established procedures.</p> <p>1. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? Oral care was provided to resident #200. The resident's medical record was updated to ensure nursing documentation of twice daily oral care.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by this alleged deficient practice. All licensed nurses and cnas will be re-educated on oral care and oral care documentation by the SDC by 5/8/12</p> <p>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All licensed nurses and cnas will be</p> | | 05/08/2012 | |

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| | <p>intervention indicated on the care plan was to provide oral care at least 2 times daily effective 8/25/11.</p> <p>During an interview with Resident #200 on 4/10/12 at 2:39 p.m., she indicated the staff did not help her clean her teeth as necessary, but she would like for them to.</p> <p>During an interview with CNA #1 at 10:58 a.m., on 4/16/12, he indicated Resident #200 was total dependence with oral care. He indicated he had to put toothpaste on the toothbrush for her, then brush her teeth and rinse her mouth out. He indicated she refused oral care that morning and said she would do it later.</p> <p>During an interview with Resident #200 on 4/16/12 at 12:15 p.m., she indicated CNA #1 was "lying" and that he didn't ask her to help clean her teeth that morning. At this time, CNA #1 entered the room and Resident #1 confronted him about not asking her to brush her teeth that morning. CNA #1 said, "Didn't I ask you if you wanted your teeth brushed?" Resident #200 said, "No." CNA #1 apologized and said he would try again tomorrow.</p> <p>During an interview with LPN #2 at</p> | | <p>re-educated on oral care and oral care documentation by the SDC by 5/8/12. Each resident MAR/TAR has been updated to ensure the nurse checks twice daily that oral care has been provided and that this care is documented on the MAR/TAR. CNA's will report to their charge nurse q shift that oral care has been provided.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The dental services CQI audit tool will be completed once weekly x4, bi-weekly x2, and then quarterly thereafter by the DNS or designee. The dental services CQI audit tools will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>5. Date of Compliance 5/8/12</p> | | | | |

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| | <p>2:40 p.m., on 4/16/12, she indicated she didn't know how she would know if a resident hadn't gotten their teeth brushed for a week. She indicated she might be able to smell their breath.</p> <p>During an interview with the D.O.N (Director of Nursing) on 4/16/12 at 3:10 p.m., he indicated there was no documentation to verify residents' daily oral care. He also indicated if a resident hadn't gotten their teeth brushed for days and didn't exhibit any symptoms like debris or malodorous breath, it would be unable to determine if the resident had their teeth brushed or not.</p> <p>At 12:30 p.m. on 4/17/12, the D.O.N. provided a list of 120 residents in the facility and indicated they required assistance with oral care.</p> <p>3.1-38(a)(3)(C)</p> | | | | | | |

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| F0323 SS=E | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to safely store corrosive chemicals behind locked doors in the laundry room located on the south unit main hallway. This had the potential to impact 16 cognitively impaired residents who were independently mobile in a total sample of 73 residents who lived on the South Unit.</p> <p>Findings include:</p> <p>During observation on 4/9/2012 at 1:10 p.m., a door labeled, "Soiled Laundry" located on the South Unit main hallway, had no lock located on the door or on the door handle. On the floor were two "liquid laundry break" 5 gallon buckets labeled "corrosive." Two "laundry softener" 5 gallon buckets were in the room on the floor. Also on the floor were two "laundry sour" 5 gallon buckets labeled "corrosive." One "Virex cleaning disinfectant" spray bottle 3/4 filled and sitting in the sink in the room.</p> | | F0323 | <p>F323</p> <p>1. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? No residents were found to have been affected by this alleged deficient practice. A locking door handle was installed on 4/9/12</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 16 cognitively impaired residents located on the south unit main hall way had the potential to be affected by this alleged deficient practice. A locking door handle was installed on 4/9/12.</p> <p>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All new doors or new hardware being installed on doors in the laundry room will have locking handles on them. Staff have been inserviced to ensure doors remained closed and locked at all times.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e.</p> | | 05/08/2012 | |

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| | <p>Interview with Laundry Aide #1 on 4/9/2012 at 1:15 p.m., indicated that he could open the buckets by pulling up on the sealed tabs and turning it in a circular motion.</p> <p>Interview with the Administrator on 4/9/12 at 1:20 p.m., indicated he would immediately have the handle changed so that there was a lock on it.</p> <p>Review of a Material Safety Data Sheet (MSDS) for Virex II 256 provided by the Administrator on 4/9/2012 at 3:00 p. m., indicated, "Potential acute health effects: eyes: corrosive. May cause permanent damage including blindness. Skin: corrosive. May cause permanent damage. Inhalation: may cause irritation and corrosive effects to nose, throat, and respiratory tract. Ingestion: corrosive. May cause burns to mouth, throat, and stomach."</p> <p>3.1-45(a)(1)</p> | | | | <p>what quality assurance program will be put into place?</p> <p>Housekeeping/ laundry supervisor will audit laundry room doors weekly for 4 weeks, then monthly for 5 months to ensure doors have locking handles on them. Results will be taken to CQI committee for recommendations.</p> <p>5. Systemic changes will be in place by 5/8/12</p> | | |